January 4, 2007

PTO/SB/17 (01-06)
Approved for use through 7/31/2006. OMB 0651-0032

OIPE 40	\r
JAN 0 4 2007	ų Į
PADEMEN	

Under the Paperwork Red	uction Act of 1995,	no person are requ	uired to resp			ark Office; U.S. DEP. on unless it displays			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006			4818).	Complete if Known					
				Application Number		10/660,902			
			F	iling Date		September 12, 2003			
			F	First Named Inventor		Xing SU			
				xaminer Name	1	A. M. Bertagna			
Applicant claims small entity status. See 37 CFR 1.27				rt Unit		1637			
TOTAL AMOUNT OF PAYMENT (\$) 790.00				ttomey Docket	No.	70702008020			
METHOD OF PAYME	NT (check all th	nat apply)							
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION (All the fees b	elow are due	upon f	iling or may	be subje	ct to a surcha	rge.)		
1. BASIC FILING, SEARC	H, AND EXAM	INATION FEES	5						
		FEES	SEAR	CH FEES	EXAMIN	ATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	300	150	500	250	200	100	-,-	111	
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES	200	100	Ū	V	U	V		Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)						50	25		
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims	5						360	180	
Total Claims Extra	Claims F	ee (\$)	Fee Pai	d (\$)	Mı	ultiple Depende	nt Claims	<u>i</u>	
HP = highest number of total ci	aims paid for, if or	=			<u>Fe</u>	<u>e (\$)</u>	ee Paid (<u>\$)</u>	
		ee (\$)	Fee Pai	d (\$)					
.=	×	=							
HP = highest number of indepe	•	for, if greater than 3	3.						
3. APPLICATION SIZE FE If the specification and d listings under 37 CFR	rawings exceed 1.52(e)), the a	pplication size	fee due i	s \$250 (\$125 f				50	
sheets or fraction ther								D :: 4 (0)	
<u>Total Sheets</u> - 100 =	Extra Sheets			itional 50 or fractional up to a who			<u>Fee</u> :	Paid (\$)	
4. OTHER FEE(S)							Fees	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing		•	•		tion (RCE) (see 37	7	90.00	
SUBMITTED BY	1// -	•							
Signature	11/1/	<u>i</u>		egistration No.	42,465	Telephone	(703) 76	30-7755	